**NORTH CAROLINA COUNCIL FOR THE DEAF AND HARD OF HEARING**

**Quarterly Meeting Minutes**

**May 8, 2020**

**9:00 am – 12:00 pm**

**Virtual (Audio/Visual) Meeting**

Members Present:

Linda Amato

Rep Hugh Blackwell

Craig Blevins

Timothy Boyd

Antwain Campbell

Kevin Earp

Rebecca Freeman

Erika Gagnon

Pattie Griffin

Meredith Kaplan

Lorita Xaver Moore

Betsy Moore

Denise Nelson

Claudia Pagliaro

David Rosenthal

Judy Cummings Stout

Donald Tinsley, Sr.

Brad Trotter

Tovah Wax

Ex Officio:

Jan Withers (Present)

DSB Liaison:

Kim Harrell (Present)

Members Absent:

Rep Carla Cunningham

Kathy Dowd

Megan Pender

Senator Rabon

Laurie Ann Rook

Elizabeth Strachan

**NORTH CAROLINA COUNCIL FOR THE DEAF AND HARD OF HEARING**

**Quarterly Meeting Minutes**

**May 8, 2020**

**9:00 am – 12:00 pm**

**Virtual (Audio/Visual) Meeting**

**Introductions, Announcements, Approve Minutes from February 7, 2020**

February 7, 2020 minutes were approved.

Motion: Moved by David Rosenthal approve the minutes from the February 7, 2020

Council Meeting, Motion Seconded by Craig Blevins. Motion passed.

None of the members acknowledged having a conflict of interest or appearance thereof on matters listed on this agenda

**Early Hearing Detection and Intervention COVID—19 Update**

**Marcia Fort, Genetics and Newborn Screening Unit Manager**

* **How has the COVID-19 pandemic impacted the population your agency/program serves?**
  + Infants born at home may be delayed in receiving a hearing screening
  + Infants who did not pass their newborn hearing screening at the hospital may be delayed in receiving follow-up outpatient re-screening
  + Infants not passing their hearing screening may be delayed in receiving a diagnostic audiology evaluation
  + Infants diagnosed as deaf or hard of hearing may be delayed in receiving intervention services
* **How has it impacted your agency/program’s ability to serve this population?**
  + Inpatient newborn screening, including hearing screening, is continuing as an essential service
  + Availability of outpatient audiology services has been limited due to facility closures
  + Referrals to early intervention services have continued for those infants who have received audiologic evaluation and been diagnosed as D/HH
* **What actions has your agency/program taken to mitigate the effects of the pandemic on your consumers/clients/patients/students?**
  + <https://slph.ncpublichealth.com/doc/NC-DHHS-NewbornScreening-COVID-033020.pdf>
  + Working with pediatric audiologists in NC to develop plans for re-opening and prioritization of infants in need of follow-up
  + Communicating with families of infants in need of follow-up regarding the importance of completing that follow-up as soon as possible
  + Developing policies/procedures for program staff to safely assist with hearing screening
  + Increasing inventory of hearing screening equipment to increase capacity state-wide
* **Anything else you think the Council should know with respect to your agency/program and the pandemic?**
  + Delays referenced above are due to several factors including: 1) National or State Executive Orders; 2) Local ordinances or orders such as “shelter in place”; 3) decisions made by individual health care systems/providers; and 4) parent reluctance to take infants out during this time

**North Carolina Hands & Voices**

**Alicia Spencer, Executive Director**

**How has the COVID-19 pandemic impacted the population your agency/program serves?**

* Lack of consistent interpreters during news briefs
* Mask worn by reports or others on the news make it harder for those to lipread
* Flaws in CC for all tele-education or meeting programs such as Zoom
* Lack of resources for our kids and their families to continue learning at home.
* Our population has become more isolated as they do not have full access to

per­sonnel such as interpreters, language facilitators, and/or teachers.

* Our students, who are signers, are at home with parents and other care

providers who do not sign putting them at a greater risk for isolation.

* Many students and families do not have access to internet, computers,

technolo­gy etc., which limits their availability to teachers and other electronic

resources.

* EC services have been put on the bottom of the list of importance for most

coun­ties as General Ed has taken priority which left students weeks without any

ins­truction or services.

* We know all students will regress, but because language and hearing needs of

our students have taken a back seat many of our students are more vulnerable

to regress even more.

* People with amplification devices are not able to receive services or support

from Audiologists if there are problems with their devices.

* Children who are in the middle of trying to get a diagnose of hearing loss and

possibility fitted with amplification are having to wait since they can't be seen.

**How has it impacted your agency/program’s ability to serve this population?**

* The pandemic has kept us from interacting with our families face-to-face. We utilize social media more than we did before the pandemic but many of our families don’t have access to computers or the internet.

**What actions has your agency/program taken to mitigate the effects of the pande­mic on your consumers/clients/patients/students?**

* NC Hands & Voices shares relevant resources and information with our Facebook group, FB page, and Instagram followers.

**Anything else you think the Council should know with respect to your agency/pro-gram and the pandemic?**

* We just want you all to know that we are still here doing what we can to make sure families are being kept update with resources and ways to engage their children who are deaf/hard of hearing. Collaboration is key!!

**BEGINNINGS for Parents of Children Who Are Deaf or Hard of Hearing**

**Diane E. Doak, Executive Director**

**Beginnings families are experiencing the following stressors due to the Coronavirus:**

* Parents whose infants refer on the newborn hearing screen are not consistently able to complete the audiological diagnostic testing in a timely manner or audiologist are not able to report to Hearing Link
  + Beginnings averaged 51 referrals a month from July 2019 through February 2020
  + Beginnings received 15 referrals in the 6 weeks since March 16, 2020.
* Parents with preschool or school aged children have additional demands on their

time

* + Parents are staying home, or working at home with their children
  + Parents are managing remote learning, sometimes with multiple students
  + Parents whose students have IEPs are also managing exceptional children’s services and video conferencing IEPs

**The impact due to Coronavirus on how Beginnings provides services to families is significant**:

* Home visits previously have been provided in person in the home or place chosen by the parent, but we are unable to meet in person due to social distancing
* Many students have Annual IEP reviews in April and May, but school buildings are closed, and parents are staying at home due to social distancing
* Information has been most effectively shared with parents during the day when children are at school or daycare, but students are home and parents need to attend to them
* Parent educators typically spend 10 or more hours a week traveling to see families. They are finding other activities to fill those hours, including webinars and staff development

Beginnings took the following steps to mitigate the effects of the pandemic:

* March 16, 2020
  + To protect staff that live and work in different areas of the state, parent educators were instructed to cancel all in-person meetings
  + There was already a policy in place to provide phone services to prepare parents for school-based services, so only those phone visits continued this week
  + During this week parent educators were advised to contact current caseload
* March 23, 2020
  + Beginnings initiated new procedures for providing video visits using Zoom Business, which is FERPA and HIPPA compliant
  + Initial home visits are particularly personal and sensitive, so parent educators completed additional staff development to optimize these services on Zoom
  + With NC Schools moving to remote learning, parent educators attended staff development to understand IDEA advocacy as it applies to remote learning in order to support parents attending video conferencing IEP meetings
* April 2020 services as compared to average monthly services
  + Email contacts are consistent with an average monthly total before the pandemic.
  + Phone contacts and information mailed to families have increased compared to an average monthly total before the pandemic.
  + While overall home visits are down, 18 families did meet virtually to discuss the child’s diagnosis or review audiological information or other concerns.
  + Even though not all Local Education Agencies are doing video conference IEP meetings, parent educators met virtually with 17 parents to prepare for meetings
  + Even though not all Local Education Agencies are doing video conference IEP meetings, parent educators accompanied parents to 9 virtual IEP meetings

**Exceptional Children Division**

**Sherri Vernelson, Section Chief**

* **How has the COVID-19 pandemic impacted the population your agency/program serves?**

The COVID-19 pandemic has halted in person, face-to-face education to public school students, including students with disabilities, through the remainder of the 2019-20 school year.

* **How has it impacted your agency/program’s ability to serve this population?**

The Exceptional Children Division does not provide direct services to students with disabilities; however, we provide technical assistance and support to Exceptional Children (EC) Directors and charter school EC Coordinators, EC teachers, related services providers, parents, and stakeholders. Technical assistance and support have continued with increased support around distance education practices, policies, and procedures.

* **What actions has your agency/program taken to mitigate the effects of the pandemic on your consumers/clients/patients/students?**

The EC Division created a Padlet of resources for EC Directors and charter school EC Coordinators that is updated regularly, daily if necessary. Webinars addressing distance education practices, policies and procedures have been delivered and will continue. Several Google sites have been created for the field to share information and resources specific to this unprecedented time.

* **Anything else you think the Council should know with respect to your agency/program and the pandemic?**

There are many success stories coming out of this crisis. While there is an imbalance of equity in terms of resources in the state, teachers are finding ways to connect with students and families to ensure they have what they need physically, emotionally, and educationally. Teachers are thinking outside of the box to ensure students have access to materials and instruction.

The EC Division has been busier than ever supporting administrators, teachers, staff, parents, and other stakeholders to ensure the health, safety, and education of students.

**Eastern North Carolina School for the Deaf**

**Dr. Michele Handley, School Director**

Being a public school, the ENCSD has been subject to the Executive Orders issued by the Governor and has been closed to on-campus attendance since March 16, 2020. Many students who attend the school are not independent learners and rely on their teachers to make their instruction accessible. While the ENCSD is providing distance education for students, which includes virtual classroom instruction, the separation from teachers is an obstacle to their learning. Additionally, most students are members of families that do not know sign language, only know enough sign language to issue directives, or have only one family member who is able to communicate with them. Not only does this affect language development and acquisition for our younger students, but it also creates social isolation.

Not having students on campus has affected ENCSD’s ability to deliver educational services in a language accessible environment and to provide the social and emotional support that so many students with hearing loss rely on their school community to receive. Distance instruction has been provided; however, some students are not able to access their education via this model and some parents have opted to not participate which risks these students regressing. The ENCSD has not been able to provide related services during this time, which some students require to support their learning and development.

To mitigate the effects of the school closure on the students, the ENCSD has been providing distance learning for students almost since the beginning of the school closure. Anticipating at least a two-week closure, students took school materials home with them and teachers prepared independent work so they could continue learning. Once it was known that the school closure was going to be extended, teachers began contacting parents and establishing schedules for distance learning, including virtual classroom instruction and one-on-one instruction, to continue addressing student IEP goals and curriculum progression and documented it in an individualized Distance Learning Plan. Laptop computers, iPads, and other materials were delivered to students who have access to the internet and paper material packets have been exchanged weekly at the child’s regular bus stop.

Each student has a Staff Buddy and this program has been used to make at least three contacts with each student weekly for social interaction, connection, and to gauge the student’s wellbeing. Additionally, the school social worker has made regular contacts with students and families with vulnerabilities to ensure they are accessing any needed supports. She is also providing activities and wellness information to staff and families.

The ENCSD has come together as a community to take necessary steps to support our students during this time and we are missing our students! Discussions have already begun to develop a reentry plan for the Fall to ensure that the School can reopen to students as soon as permitted in a way that incorporates health safety measures against the threat of the COVID19 virus. The plan will include an IEP meeting for each student to review their Distance Learning Plan, make any needed adjustments to their IEP, and to ensure that any services not provided during this time are made-up, as appropriate.

**NC School for the Deaf**

**Mark D. Patrick, Director**

Dr. Thea Wilson, School Audiologist

**COVID-19 Impact Report**

The North Carolina School for the Deaf (NCSD) serves students from forty-six counties of North Carolina, this includes counties that have substantially high incidences of COVID-19 infections. Approximately 66% of the NCSD student population reside in the NCSD Residence Hall Sunday through Friday each week. The COVID-19 pandemic has impacted our students as they are unable to attend NCSD in-person for classroom instruction nor reside in the Residence Hall. This complies with Governor Cooper’s Shelter-in-Place order. Students are presently in their home environments that include settings wherein an adult/caregiver; may or may not know American Sign Language (ASL), have varying ranges of sustenance/financial reserves and health status.

The COVID-19 pandemic has impacted NCSD’s service to students primarily by the delivery of educational content. Governor Cooper’s decision resulted in closed school buildings across the state starting on March 14, 2020. The initial two weeks of closure allowed for preparation of electronic and paper content materials for students and their families. Many if not all, North Carolina schools have resorted to Remote Learning (Virtual Learning), and paper packets to provide educational services.

NCSD has risen to the occasion, meeting the stipulations established by the State Board of Education, Department of Public Instruction and Governor Cooper with fervor. Students are currently served by a multitude of methodologies with priorities placed on communication, academic content/provision of support services, and safety.

NCSD established a school-wide protocol for consistent communication, supplementary academic content and biopsychosocial checks occurring within mandated weekly timelines. Each student/family is contacted weekly or daily by academic staff; educators and professional services including; social worker, audiologist, psychologist, mental health counselors and school counselor. Consistent with NCSD’s rich culture; Language Interpreting (e.g. Hmong, Spanish etc.) services are utilized as deemed appropriate. NCSD Staff fluency in ASL has allotted for direct instruction for each student.

Students are receiving supplementary academic instruction via a plethora of Virtual platforms. Each student (based on student needs, age, developmental skills) has been provided with an iPad and ‘paper/pencil’ materials at bus stops. Virtual platforms have included but are not limited to; Google, Zoom, Sorenson Videophone, YouTube, and much more. Wi-Fi accessibility has been evaluated for each student and this data is regularly revisited as family situations evolve. Students receiving services such as Speech Language Therapy, Counseling and Occupational Therapy, have service continuity through telepractice. IEP meetings are occurring in alignment with Exceptional Children’s guidance and policy.

**Early Learning Sensory Support Program for Children with Hearing Impairments**

**Ruth Anne Everett, Lead Program Administrator**

* **How has the COVID-19 pandemic impacted the population your agency/program serves?**

The North Carolina Early Learning Sensory Support Program (NC ELSSP) serves children birth to five years of age who have vision and/or hearing impairments. NC ELSSP provides services in a child’s natural environment, including homes, childcare settings, the community, and schools throughout North Carolina. The COVID-19 pandemic has halted in person face-to-face services to our target population until further official notification. However, services to enrolled children are continuing via **teletherapy where families have** the ability and the desire to receive service delivery via this platform.

* **How has it impacted your agency/program’s ability to serve this population?**

Teachers of the Deaf and Teachers of the Visually Impaired are working closely with Early Intervention Service Coordinators in the Infant Toddler Program (Part C) to coordinate services to families and to meet required timelines for Individualized Family Service Plans (IFSPs). For children ages 3-5 that the ELSSP serves through LEA Assurances, educational services continue to be provided to students in line with local, state and federal guidelines remotely through distance instruction as well as providing supplemental materials/packets.

* **What actions has your agency/program taken to mitigate the effects of the pandemic on your consumers/clients/patients/students?**

Circumstances and individual preferences of families vary. ELSSP teachers provide teletherapy services to children and families via approved virtual platforms. Some families have requested support via phone calls or contacts and sharing of resources through email. Some families have requested to resume services after travel restrictions are lifted.

* **Anything else you think the Council should know with respect to your agency/program and the pandemic?**

**Success stories are emerging from the teletherapy practice.**

* Teachers report they have more access to extended family members who are in the home during the COVID-19 pandemic. Teachers had limited or no access to the extended family members prior to working together virtually. Teletherapy has created opportunities for more family members to learn and interact with the teachers.
* Teachers report they are witnessing more expressive signed and/or spoken language from the children without the teacher present in person.
* Teachers report the ability to be present during a wider variety of family activities and routines via teletherapy and are with the families virtually in areas of the home they would not normally be invited to. This allows more

opportunity for partnering with families in daily routines and activities. Teachers report they would like to see some form of teletherapy continue after the pandemic subsides and teachers can safely resume travel.

**Division of Vocational Rehabilitation Services**

**Kevin Earp – Program Specialist for Deafness and Communicative Disorders**

[**kevin.earp@dhhs.nc.gov**](mailto:kevin.earp@dhhs.nc.gov) **VP/V – (919) 324–1500; Fax – (919) 715–0616**

**How has the COVID-19 pandemic impacted the population your agency/program serves?**

* People with disabilities may be at greater risk of contracting COVID-19 because of:
  + Difficulty in enacting social distancing because of additional home and community-based support needs.
  + Barriers to accessing public health information.
* Depending on underlying health conditions, people with disabilities may be at greater risk of developing more severe cases of COVID-19 if they become infected because of barriers in access to healthcare, medication and other critical needs in areas experiencing surge in hospitalizations.
* Statistically, people with disabilities are more likely than people without disabilities to work in retail and service industries, which have been heavily impacted by mandatory closures and other responses to COVID-19.

**How has it impacted your agency/program’s ability to serve this population?**

* VR, IL and NCATP offices remain open, with staff providing coverage on a staggered basis. Services that can be delivered remotely continue, while other services may be delayed.
  + Services provided at VR’s community rehabilitation facilities - WorkSource East and WorkSource West - have been temporarily suspended.
* More than 90 percent of VR staff is working remotely using an agency-owned laptop or desktop. The lack of high-speed internet services in some rural areas may hinder the remote work capabilities of a small number of staff members.
  + Calls to VR staff serving Deaf and hard of hearing consumers are automatically forwarded from office videophone to remote workstation computer.
  + Any voicemail messages left on VR office lines or for individual staff should receive a response within 48 hours.

* **To comply with social distancing requirements, DVRS implemented technological solutions where possible:**
  + DocuSign is being used to secure validated, electronic signatures on applications, casework files, contracts, releases and other forms required to carry out the work of the division.
  + Microsoft Teams, WebEx and other virtual communication tools are being used for meetings with staff, consumers, employers, other service providers, etc.
  + Relay Conference Captioning (RCC) live captioning allows those who are Deaf or hard of hearing to actively participate in multi-party teleconference calls or web conferences.
  + The Division and Department of Health and Human Services are evaluating additional technologies and tools for compliance with HIPAA and FERPA
* **Specific VR, IL and AT services impacted:**
  + Although some vendors have chosen to temporarily suspend operations, most medical services continue to be provided with additional precautions taken to protect health of consumer and provider
  + Post-secondary studies transitioned to online education and the Division continues to sponsor students enrolled online.
  + Assessments, counseling, training and placement services are being conducted remotely via phone and video meetings.
  + Community Rehabilitation Programs continue to provide job development and placement services as well as on-the-job supports using phone, video and other virtual communication tools.
  + NCATP continues to provide in-person device demos and other one-on-one services, require an appointment.
  + NCATP has suspended device loan services, with items currently on loan automatically extended
    - During this time, all requests for a device loan will be added to a waitlist.

**What actions has your agency/program taken to mitigate the effects of the pandemic on your consumers/clients/patients/students?**

* + Majority of staff transitioned to remote work and providing services to clients using phone and online tools.
* Clients who require in-person services have been informed that the service will be delayed.
  + Offices implemented rigorous cleaning procedures and social distancing for staff reporting to physical work sites.
  + We have been working with different programs to ensure that our clients continue to receive services.

**Anything else you think the Council should know with respect to your agency/program and the pandemic?**

* + Ongoing staff vacancies may impact service delivery; however, coverage is in place though individual office leadership.
  + Professional development and training opportunities have been cancelled, postponed or are being delivered online. For example, the National Deaf Center on Post-Secondary Outcomes national meeting was cancelled, but they are exploring options for holding a virtual meeting.

**DMHDDSAS**

**Brad Trotter, Program Manager** [Brad.trotter@dhhs.nc.gov](mailto:Brad.trotter@dhhs.nc.gov)

Most of the Mental Health and Substance Use Disorder services to Deaf/Hard of Hearing/Deaf Blind persons in NC are provided by RHA Behavioral Health through a statewide contract. RHA has responded to questions as below:

* **How has the COVID-19 pandemic impacted the population your agency/program serves?**

We have found that we need to provide education as well as behavioral health services in order to make sure that our consumers are receiving the right information in order to stay safe. Much of our time these days is spent on education. We tend to use information from sources such as the CDC, SAMHSA, DSDHH, DHHS, and so on.

* **How has it impacted your agency/program’s ability to serve this population?**

We have been able to transition most of our services to telehealth, using Facetime, Zoom, Polycom, Duo, and whatever works for specific individuals. We have had to be creative and have learned that most of our consumers are creative also! The few people who do not have internet or the ability to use telehealth services (such as DeafBlind), we continue to serve in person, using masks, gloves, sitting six feet apart when possible. We have purchased folding chairs for staff to keep in their cars for those situations where they need to meet face to face with people outside their homes.

* **What actions has your agency/program taken to mitigate the effects of the pandemic on your consumers/clients/patients/students?**

We have mailed our consumers packets of information about the virus to make sure that they are receiving the right information they need to keep themselves safe. We have trained dozens of people in the use of Zoom. Our clinicians have Zoom Pro accounts that are HIPAA compliant and do not have the hacking problems of public Zoom. We have been seeking internet and IT resources for our consumers, assisting them with navigating free programs.

* **Anything else you think the Council should know with respect to your agency/program and the pandemic?**

We are still here, still active, still taking referrals!

The following resources are also available:

**DMHDDSAS COVID-19 Resources**

* [DHHS COVID-19 response site and updates](https://www.ncdhhs.gov/divisions/public-health/coronavirus-disease-2019-covid-19-response-north-carolina)
* [DHHS COVID-19 guidance](https://www.ncdhhs.gov/divisions/public-health/coronavirus-disease-2019-covid-19-response-north-carolina/covid-19-guidance)
* [DHHS Medicaid COVID page](https://medicaid.ncdhhs.gov/about-us/coronavirus-disease-2019-covid-19-and-nc-medicaid)
* [Press release regarding NC 2-1-1](https://www.ncdhhs.gov/news/press-releases/nc-2-1-1-provide-assistance-covid-19)
* [CDC’s Main COVID-19 site](https://www.cdc.gov/coronavirus/2019-ncov/index.html)
* [CDC’s Manage Anxiety & Stress page](https://www.cdc.gov/coronavirus/2019-ncov/prepare/managing-stress-anxiety.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fabout%2Fcoping.html)
* [Talking with Your Kids About the Coronavirus](https://www.youtube.com/watch?v=H8ut7QHmfuk&t=41s)
* National Disaster Helpline: 1-800-985-5990 or text 'TalkWithUs' to 66746
* National Suicide Prevention Lifeline: 1-800-273-8255
* Crisis Text Line: text ‘help’ to 741-741
* North Carolina Coalition Against Domestic Violence: 919-956-9124 or visit <https://nccadv.org/contact>

**DeafBlind Interagency Team (DBIT) and COVID-19 Report:**

**Ashley Benton, Deaf/Deaf-Blind Services Coordinator**

**Partners: DHHS - Division of Services for the Deaf and Hard of Hearing (DSDHH), Division of Services for the Blind (DSB), Department of Public Instruction Deaf-Blind Project (including ECAC & ECU), RHA Behavioral Health Services-Deaf & Hard Of Hearing Program, North Carolina Deaf-Blind Associates (NCDBA) and Helen Keller National Center (HKNC).**

1. **How has the COVID-19 pandemic impacted the DB population in NC in particular?**

* Many consumers were educated and pre-warned about the COVID-19 pandemic during the March NCDBA conference.
* Many DeafBlind consumers had already received equipment through the NDBEDP and had the technology needed to stay connected.
* Some challenges reported were related to getting information out to the community in an accessible way.
* The DeafBlind community has gotten a great deal of publicity during this time and the public is becoming more aware of their needs.
  + Facing coronavirus while deaf and blind: 'Everything relies on touch' The pandemic complicates efforts to counter isolation among Deaf-Blind people. By Devin Dwyer and Jacqueline Yoo

<https://abcnews.go.com/US/facing-coronavirus-deaf-blind-relies-touch/story?id=70274235>

* + The New Yorker: Who Is “Worthy”? Deaf-Blind People Fear That Doctors Won’t Save Them from the Coronavirus

<https://www.newyorker.com/news/our-columnists/who-is-worthy-deaf-blind-people-fear-that-doctors-wont-save-them-from-the-coronavirus>

1. **How has it impacted the ability of NC’s agencies/programs to serve the DB population?**

* All reported they are “open” and providing services virtually and remotely.
* All partners reported teleworking for the most part and using phone, email and mail to reach out to consumers to ensure they are getting the information.
* HKNC residential program closed and sent students home. They are continuing classes with students remotely.
* Some DSB specialists reported needing to physically check on consumers, while following social distancing protocols such as maintaining 6 feet in between them or talking through glass doorways.
* All reported cancelled events and trainings. NC Teen DB Camp and SETI in Mississippi, both scheduled for this Summer are postponed to Summer 2021.

1. **What actions have the members of the interagency team taken to mitigate the effects of the pandemic on the DB consumers/clients/patients/students?**

* DSDHH developing resources (communication card, 1-pager communication tips for health care providers, DeafBlind friendly videos with transcripts and captioning, ensuring press conferences are accessible via interpreters, captioning and transcripts. Staff are contacting consumers to ensure they are getting and understanding info and starting a Virtual Teen DB Support Group May 29th.
* NDBEDP: still serving consumers remotely if possible.
* DPI continues to provide support for all LEAs during this Remote Learning and Teletherapy has been offered since the 2nd week into the stay at home orders, Resources continue to be provided to all providers, families and consumer, AT information shared on their website, Peer Learning has been provided. ECAC sent a survey out in the beginning of the pandemic to ask what areas of support is needed. 1,100 response. Most common needs: Communication, ASL & Interpreting, and Respite Care. Webinars offered. ECU: Providing technical support during this remote learning process, Providing resources
* DSB: checking in on consumers in various ways, conducting DB assessments, doing NDBEDP referrals to DSDHH, assisting with DB Camp Dogwood application and NC Lions sponsorship via phone, staying in contact with employers by phone and email. Plan to provide a virtual DB Support group for speaking Hard of Hearing in near future.
* HKNC offering virtual training options, free courses for limited time, Peer support groups for any DB (<https://www.helenkeller.org/hknc/peer-learning-groups>). ZOOM Training Sessions being done for the Southeast on various topics from DB 101, Pre-its, DBIE – working with students/consumers with significant disabilities to CVI trainings every Tuesday & Thursday.

1. **Anything else you think the Council should know with respect to this population and the pandemic?**

* DSDHH is in final stages of developing a letter to petition for Deaf, DeafBlind and Hard of Hearing patients to be able be accompanied by interpreters/SSPs in healthcare setting if needed. Communication with DeafBlind patient’s fact sheet also in development.
* June DeafBlind Awareness Month: many events cancelled/postponed. Western NC DB event will be in August at White Water Center in Charlotte. Raleigh/East DB event still scheduled for last Saturday in June.
* NCDBA Camp Dogwood DB Weekend is still scheduled for Sept. 17-20, 2020.

**Division of Services for the Deaf and Hard of Hearing**

**Jan Withers, Director**

**COVID-19 Pandemic’s Impact on DSDHH Services and DSDHH’s Response**

**How has the COVID-19 pandemic impacted the population DSDHH serves?**

* The ways the Deaf, Hard of Hearing, and DeafBlind populations are impacted are just as described in the report submitted by Kevin Earp for the Division of Vocational Rehabilitation Services.
* The biggest concern is the likelihood that provision of communication access accommodations would not be prioritized by overwhelmed healthcare facilities.

**How has it impacted DSDHH’s ability to serve this population?**

* DSDHH has ceased providing onsite training to groups of service providers, supervisors, and other types of employees of service agencies, organizations and businesses. One-on-one training, small group training via conference calls, and case consultation continue to be provided as needed.
* DSDHH is no longer doing home visits to set up equipment obtained through DSDHH’s Equipment Distribution Service and National DeafBlind Equipment Distribution Program and to provide training on their use.
* DSDHH has ceased conducting outreach and community education activities.
* The transition to telework has created new stressors which the Department of Health and Human Services Human Resources and the Office of State Human Resources have worked to mitigate by developing or obtaining a series of online trainings available to all state employees.

**What actions has DSDHH taken to mitigate the effects of the pandemic on its consumers?**

* DSDHH’s Director has produced a video message informing the public that DSDHH is still operational and that staff are available to provide certain services, including advocacy and consumer skill development (if it could be conducted by email, voice telephone or videophone); contact information for all offices and staff members remains the same.
* An increased number of staff members now have laptops and smart phones, with more expected to be delivered, which allows a high percentage of staff to telework. Onsite work is managed through staggered schedules and mandatory social distancing and effective hygiene practices.
* Created a new webpage devoted to COVID-19 pandemic information, including videos in ASL and with captions either produced or obtained by DSDHH. <https://www.ncdhhs.gov/divisions/services-deaf-and-hard-hearing/covid-19-resources-and-information>
* Created new materials designed to promote effective communication.
* DSDHH now has a team of interpreters for the daily media briefings.
* DSDHH’s Director is a member of a national coalition to develop and disseminate guidelines for accessible telehealth; DSDHH is partnering with the Office of Rural Health, the lead DHHS agency, to improve telehealth accessibility in North Carolina.
* DSDHH is part of the Human Services Response Team led by NC Emergency Management.

**Anything else the Council should know with respect to DSDHH and the pandemic?**

* The economic downturn is likely to impact the State budget for State agencies. Although DSDHH’s budget will not be directly impacted (because it is 100% receipt-supported), there may be a hiring freeze and other actions impacting DSDHH’s service delivery and operational capacity.

Tovah Wax stated her position as Chair for the Council is going to expire on 6/30/2020.  She nominates David Rosenthal for chair and Judy Stoud for vice chair.

**Adjournment**

**Future Meetings: August 7, 2020, November 6, 2020**